

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: right;">09782791</div>	FILING DATE <div style="text-align: right;">02/13/01</div>			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1/						51		1		
2		1					52		1		
3		1					53		1		
4		1					54		1		
5		1					55	1/			
6		1					56		1		
7		1					57		1		
8		1					58		1		
9		1					59		1		
10		1					60		1		
11		1					61		1		
12		1					62		1		
13		1					63	1/			
14		1					64		1		
15		1					65		1		
16	1/						66		1		
17		1					67		1		
18		1					68		1		
19		1					69		1		
20		1					70	2	1		
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30	1/						80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45	1/						95				
46		1					96				
47		1					97				
48		1					98				
49		1					99				
50		1					100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	64						TOTAL DEP.				
TOTAL CLAIMS	70						TOTAL CLAIMS				